

Exhibit F  
SI Wireless (d/b/a MobileNation) Store Photos





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**Exhibit G**

**SI Wireless Proposed Lifeline Application and Certification Forms**





### Lifeline Household Worksheet

Name	
Address	
Telephone Number	

**You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.**

- Does your **spouse** or **domestic partner** (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check **NO** if you do not have a spouse or partner) \_\_\_\_YES \_\_\_\_NO
  - If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
  - If you checked **NO**, please answer question #2.
- Other than a spouse or partner, do other adults (people at least 18 years old or emancipated minors) live with you at your address?
 

A. A parent	____YES ____NO	D. An adult roommate	____YES ____NO
B. An adult son or daughter	____YES ____NO	E. Other	____YES ____NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)	____YES ____NO		

  - If you checked **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
  - If you checked **YES**, please answer question #3.
- Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? \_\_\_\_YES \_\_\_\_NO
  - If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
  - If you checked **YES**, please answer question #4.
- Does the adult with whom you share living expenses and income already receive a Lifeline-discounted phone, whether a home phone or a mobile phone? \_\_\_\_YES \_\_\_\_NO \_\_\_\_I DON'T KNOW
  - If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
  - If you checked **NO** or **I DON'T KNOW**, please provide the name(s) of the adult(s) with whom you share living expenses and Income:

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#### CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to \_\_\_\_\_ [insert company or agency name] along with your Lifeline application.

- \_\_\_\_ I certify that I live at an address occupied by multiple households.
- \_\_\_\_ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## SI Wireless - Lifeline Certification Form

Lifeline is a federal government benefit program and only qualified persons may participate in the Lifeline program. Lifeline service may not be transferred to any other individual, including another eligible low-income consumer. **By law, the Lifeline program is only available for one phone line per household, whether landline or wireless.** A household is defined, for purposes of the Lifeline program, as any individuals who live together at the same address and share income and expenses. Any violation of the one phone line per household limitation will result in de-enrollment from the Lifeline program and may be punished by fine or imprisonment.

☐ **Initial/Renewal-Lifeline Enrollment**

*(Proof of program participation required)*

☐ **Re-certification of Lifeline Eligibility**

*(Proof of program participation NOT required)*

### PERSONAL INFORMATION

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/----

Social Security # (last 4 digits): \_\_\_\_

Email Address: \_\_\_\_\_

Alt. Contact #: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_

### RESIDENTIAL ADDRESS *(PO BOX NOT ACCEPTABLE, MUST BE YOUR PRINCIPAL STREET ADDRESS)*

STREET ADDRESS: \_\_\_\_\_

APARTMENT/SPACE/NHA NO.: \_\_\_\_\_

(If applicable) Name of multi-resident facility: \_\_\_\_\_ Room/bed No.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**This address is:** ☐ Permanent ☐ Temporary ☐ Multi-Household

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### BILLING/MAILING ADDRESS (if different from residential address)

☐ Same as residential address

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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### PROGRAM-BASED ELIGIBILITY

Please check all that apply and provide SI Wireless with documentation to demonstrate that you participate in one of the programs listed below:

☐ Supplemental Security Income (SSI)

☐ Temporary Assistance for Needy Families (TANF)

☐ Medicaid

☐ National School Lunch Program's Free Lunch Program

☐ Supplemental Nutrition Assistance Program (SNAP) f/k/a Food Stamps

☐ Low Income Home Energy Assistance Program (LIHEAP)

☐ Federal Public Housing Assistance (Section 8)

**I CERTIFY THAT I OR ONE OF MY DEPENDENTS CONTINUES TO PARTICIPATE IN ONE OR MORE QUALIFYING PROGRAMS AS INDICATED ABOVE.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

If you have a dependent residing in your household who receives benefits from one of the programs above, please provide their name:

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

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### **INCOME ELIGIBILITY**

IF YOUR HOUSEHOLD INCOME IS AT OR BELOW THE LEVEL SHOWN BELOW, YOU ARE ELIGIBLE FOR A LIFELINE CREDIT.

**How many people are in your Household? \_\_\_\_\_**

#### **135% of National Poverty Guidelines:**

People in household	Total Annual Income at:	People in Household	Total Annual Income at:	People in Household	Total Annual Income at:
1 person	\$15,080	3 people	\$25,772	5 people	\$36,464
2 people	\$20,426	4 people	\$31,118	each additional person	\$ 5,346

TO QUALIFY BASED ON YOUR INCOME, YOU MUST PROVIDE COPIES OF ONE OR MORE OF THE DOCUMENTS LISTED BELOW. IF YOU PROVIDE DOCUMENTATION THAT DOES NOT COVER A FULL YEAR (SUCH AS CURRENT PAY STUBS), YOU MUST SUBMIT THREE (3) CONSECUTIVE MONTHS OF THE SAME TYPE OF DOCUMENT WITHIN THE PREVIOUS 12 MONTHS. **YOU MUST DOCUMENT ALL OF YOUR HOUSEHOLD INCOME.**

*(Note: Proof of income qualification is not required during annual re-certification of Lifeline eligibility.)*

- |  |  |
|--|--|
| <input type="checkbox"/> Prior year's state, federal or tribal tax return  | <input type="checkbox"/> Social Security benefits statement                      |
| <input type="checkbox"/> Divorce decree or child support document  | <input type="checkbox"/> Veterans Administration benefits statement              |
| <input type="checkbox"/> Federal or tribal notice letter of participation in Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Unemployment/Workers Compensation benefits statement    |
| <input type="checkbox"/> Retirement/Pension benefit statement  | <input type="checkbox"/> Current income statement from employer or paycheck stub |

**I CERTIFY THAT MY HOUSEHOLD INCOME IS AT OR BELOW 135% OF THE FEDERAL POVERTY GUIDELINES AND THAT I HAVE CORRECTLY INDICATED THE NUMBER OF PEOPLE IN MY HOUSEHOLD ABOVE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TODAY'S DATE



## CUSTOMER CERTIFICATIONS

Federal law requires SI Wireless to obtain your certification to the following statements. Please read and acknowledge you agree by initialing each statement below, under penalty of perjury:

To the best of my knowledge, no one in my household is receiving Lifeline service.  
Other Lifeline service providers include [list at least 4 or 5].

\_\_\_\_\_  
*Initial Here*

I certify that I am at least 18 years of age and not currently receiving a Lifeline telephone service from any other landline or wireless telephone company. I will only receive Lifeline from SI Wireless and not from any other landline or wireless telephone company.

\_\_\_\_\_  
*Initial Here*

I authorize SI Wireless to access any records, including financial records, required to verify my eligibility for Lifeline service. I also authorize SI Wireless to transmit to the Lifeline Administrator all of the information I have provided on this form, as well as my telephone number and the start date and termination date (if any) for my Lifeline service. I understand that this information will be transmitted in order to ensure proper administration of the Lifeline program.

\_\_\_\_\_  
*Initial Here*

I understand that I will be required to verify my continued eligibility for SI Wireless' Lifeline service at least annually, and that I may be required to verify my continued eligibility at anytime, and that failure to do so will result in termination of Lifeline benefits. I will notify SI Wireless immediately if I no longer qualify for Lifeline, or if I have a question as to whether I would still qualify.

\_\_\_\_\_  
*Initial Here*

**By my signature below, I certify under penalty of perjury that I have read and understand this certification form and that I certify that the information contained in this form is true and correct to the best of my knowledge and that I understand that providing false information to receive Lifeline benefits is punishable by fine or imprisonment.** I also acknowledge that I will be required to notify SI Wireless within thirty (30) days if my home address changes. In addition, if my address listed above is a temporary address, I understand that I must verify my address with SI Wireless as often as every ninety (90) days. Failure to provide such notification or verification will result in de-enrollment from the program.

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*TODAY'S DATE*

For Company Use Only:

I certify that I have reviewed documentation (identified below) from the customer, and to the best of my knowledge, this documentation accurately represents the customer's participation in the Program(s) above.

Documentation  
Reviewed \_\_\_\_\_

Expiration  
Date \_\_\_\_\_

\_\_\_\_\_  
Signature of SI Wireless Employee/Agent